



Wire Transfer Request

Instructions

This form is to be used to request wire transfer payments for international payees or domestic payments in special extenuating circumstances when a check is not an acceptable form of payment. See complete [EFT Policy](#) for details.

All transactions requiring a Purchase Order must be completed before submitting this request. If multiple payments are expected to be made against one purchase order, only one Wire Transfer Request Form will be required, and must be completed for the first payment. If no purchase order is associated with the payment, this form is to be used in lieu of a Check Request form when payment is via a wire. Complete this form and attach all supporting documentation to justify the request. Obtain appropriate approvals and send this form and all attachments to the Business Office for processing.

Section 1 – Payee Information

Supplier Name (Payee):	
Full Payee Address NOT PO Box (Required for all wires):	
Full Payee Address NOT PO Box (Required for all wires):	Payee Telephone #:
Country:	If this is a domestic payment, <u>provide justification</u> for a wire in lieu of a check or ACH:

Section 2 – Expense Distribution

Purchase Order Number (when required):	Note: If a PO number is listed, skip to Section 3:	
Invoice Date:	Invoice Number:	Amount:
Budget Number(s) to be Charged :		
Business Purpose/Additional Information:		
Invoice Date:	Invoice Number:	Amount:
Budget Number(s) to be Charged :		
Business Purpose/Additional Information:		



Wire Transfer Request

Invoice Date:	Invoice Number:	Amount:
Budget Number(s) to be Charged :		
Business Purpose/Additional Information:		

Grand total:	
---------------------	--

Section 3 - Requestor/Approval Signatures – Must be manual, email signatures not accepted.

Requestor Name (please print):	Requestor Signature:	Date:
Department Name:	Telephone No:	Requestor's E-Mail:
Approver Name (please print):	Approver Signature:	Date:
Approver Name (please print):	Approver Signature:	Date:

THIS SECTION TO BE COMPLETED BY THE BUSINESS OFFICE OR BURSAR'S OFFICE:

Supplier Banking Information (Banking information is required for each request submitted and must be supplied by the vendor)

Beneficiary Name (if different from payee name above):		Beneficiary Bank Name:
Currency:	ABA Number:	Bank Account Number:
Swift/BIC Code:	IBAN Number:	
Business Office/Bursar Preparer Name (print):	Business Office/Bursar Preparer Signature:	Date:
Description to Accompany Payment and/or Special Instructions:		